

PRINTED: 12/20/2007
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0054	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/06/2007
NAME OF PROVIDER OR SUPPLIER AZURE			STREET ADDRESS, CITY, STATE, ZIP CODE 1490 BANGOR ST, SE WASHINGTON, DC 20020		
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1000	INITIAL COMMENTS A re-licensure survey was conducted from December 5, 2007 through December 6, 2007. A random sample of three residents was selected from a residential population of five males with mental retardation and other disabilities. The survey findings were based on observations in the group home, interviews and review of records, including unusual incident reports.	1000			
1041	3502.2(a) MEAL SERVICE / DINING AREAS Modified diets shall be as follows: (a) Prescribed in the resident's Individual Habilitation Plan and the record of the prescription for the modified diet shall be kept in the resident's record; This Statute is not met as evidenced by: Based on staff interview and record review, the Group Home for persons with Mental Retardation (GHMRP) failed to ensure the implementation of resident's modified food texture for two of the three residents in the sample. [Residents #1 and #2] The findings include: The facility failed to ensure residents received their meals in a modified texture as recommended as evidenced below: Interview with the direct care staff on December 5, 2007 revealed that they were not familiar with Residents #1 and #2's diets. Review of the records on the aforementioned date revealed Residents #1 and #2 had Individual Support Plans (ISP) dated March 22, 2007 and February 5, 2007 respectively.	1041	3502.2 (a) The physician will provide a prescription of the current diet order of resident # 1 and resident #2. In the future the nursing coordinator will ensure that the current diet orders are received and filed in the residents chart.	2007 JAN - 3 A 10:17 RECEIVED DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 1/4/08	

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE 1/2/08

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I 041	Continued From page 1 Further review of Resident #1's record revealed a Nutritional Assessment dated August 27, 2007. According to the assessment, Resident #1 had a recommendation for a 2000 calorie diet/weight loss/4 gram sodium diet with a goal to reduce it to 1800 calorie diet /weight loss/4 gram sodium diet. At the time of the survey, there was no documented evidence of a prescription for the recommended diet order. According to Resident #2's "Mealtime Supports he had a low cholesterol diet. Further review of Resident #2's record revealed a Nutritional Assessment dated March 20, 2007. The plan recommended from the assessment was to encourage the resident to eat low sodium, low fat, foods. At the time of the survey, there was no documented evidence of a prescription for the recommended diet order.	I 041			
I 043	3502.2(c) MEAL SERVICE / DINING AREAS Modified diets shall be as follows: (c) Reviewed at least quarterly by a dietitian. This Statute is not met as evidenced by: Based on interview and record review, the Group Home for persons with Mental Retardation (GHMRP) failed to ensure that two of the three residents with modified diets had been reviewed at least quarterly by the consulting dietitian. (Residents #1 and #2) The finding includes: Review of Resident #1's record revealed a Nutritional Assessment dated August 27, 2007.	I 043	3502.2 (c) A new nutritionist was hired on 12/7/07 and will complete the necessary quarterly assessments for resident #1 and resident #2	1/12/08	

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I 043	Continued From page 2 According to the assessment, Resident #1 had a recommendation for a 2000 calorie diet/weight loss/4 gram sodium diet with a goal to reduce it to 1800 calorie diet /weight loss/4 gram sodium diet. Further review of Resident #1's records revealed that a nutritionist reviewed his diet plan on March 20, 2007. At the time of the survey, the GHMRP failed to show evidence that a dietitian or nutritionist had reviewed Resident #1's modified diet plan at least quarterly. According to Resident #2's "Mealtime Supports he had a low cholesterol diet. Further review of Resident #2's record revealed a Nutritional Assessment dated March 20, 2007. The plan from the assessment was to encourage the resident to eat low sodium, low fat, foods. At the time of the survey, the GHMRP failed to show evidence that a dietitian or nutritionist had reviewed Resident #2's modified diet plan at least quarterly.	I 043			
I 053	3502.11 MEAL SERVICE / DINING AREAS Each GHMRP shall provide adequate staff in dining rooms to direct self-help dining procedures and to assure that each resident receives enough food. This Statute is not met as evidenced by: Based on observation, the Group Home for persons with Mental Retardation (GHMRP) failed to ensure self-help dining procedures were provided for each of the residents. The finding includes: Observation of the dinner meal on December 5,	I 053	3502.11 Staff have been trained on appropriate dining protocols to reflect self-help dining procedures	12/8/07	

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1053	Continued From page 3 2007 at approximately 6:00 PM revealed the direct care staff prepared a plate of food for each resident. At the time of the survey, the GHMRP failed to provide the opportunity for each of the residents to participate in self-help dining procedures.	1053			
1057	3502.15 MEAL SERVICE / DINING AREAS Menus shall be written on a weekly basis, shall provide a variety of foods at each meal, and be varied from week to week and adjusted for seasonal changes. This Statute is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure menus were varied from week to week and adjusted for seasonal changes. The finding includes: Dinner preparation observed on December 6, 2007 at approximately 4:00 PM revealed that the facility's menus consisted of three weeks of menus. In an interview with the Services Coordinator on the aforementioned date, it was acknowledged that the facility did not have menus that were varied from week to week or adjusted for seasonal changes.	1057	3502.15 The nutritionist is in the process of creating a new menu that reflects variation and adjustments for seasonal changes.	1/12/08	
1058	3502.16 MEAL SERVICE / DINING AREAS A review and consultation by a dietitian or nutritionist shall be conducted at least quarterly to ensure that each resident who has been prescribed a modified diet receives adequate nutrition according to his or her Individual	1058	3502.16 A new nutritionist was hired on 12/7/07 she completes a comprehensive review of each residents record on 12/29/07 and will complete the necessary annual and quarterly assessments for resident #1 and resident #2 and all residents in the home	1/12/08	

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I 058	<p>Continued From page 4</p> <p>Habilitation Plan.</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure modified diets had been reviewed at least quarterly by the consulting dietitian to ensure that each resident received adequate nutrition in accordance with their needs for two of the three residents in the sample. (Residents #1 and #2)</p> <p>The finding includes:</p> <p>Observation of Resident #1 on December 5, 2007 at 3:00 PM revealed the resident was overweight. Review of Resident #1's record revealed a Nutritional Assessment dated August 27, 2007. According to the assessment Resident #1 had a recommendation for a 2000 calorie diet/weight loss/4 gram sodium diet with a goal to reduce it to 1800 calorie diet /weight loss/4 gram sodium diet. Further review of Resident #1's records revealed that a nutritionist reviewed his diet plan on March 20, 2007. At the time of the survey, the GHMRP failed to show evidence that a dietitian or nutritionist had reviewed Resident #1's modified diet plan at least quarterly.</p> <p>According to Resident #2's "Mealtime Supports he had a low cholesterol diet. Further review of Resident #2's record revealed a Nutritional Assessment dated March 20, 2007. The plan from the assessment was to encourage the resident to eat low sodium, low fat, foods. At the time of the survey, the GHMRP failed to show evidence that a dietitian or nutritionist had reviewed Resident #2's modified diet plan at least quarterly.</p>	I 058			

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1082	Continued From page 5	1082			
1082	3503.10 BEDROOMS AND BATHROOMS Each bathroom that is used by residents shall be equipped with toilet tissue, a paper towel and cup dispenser, soap for hand washing, a mirror and adequate lighting. This Statute is not met as evidenced by: Based on observations and interview the GHMRP failed to properly equip each bathroom with the appropriate items to meet each residents need. The findings include: During the environmental walk-through on December 6, 2007 beginning at 1:49 PM the GHMRP was observed to have cup dispensers in the bottom of their bathroom sink, however, at the time of the survey, the dispensers were not being used.	1082	3503.10 Cup dispensers have been installed	1/1/08	
1090	3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to ensure the interior of the facility was maintained in a safe, clean, orderly, attractive and sanitary manner. The findings include:	1090	3504.1 1. Residents #1 closet wall has been cleaned 2. The clothes rack in resident # 4 and resident #5 room will be replaced. The bedroom door has been repaired.	12/15/07 1/5/08	

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I 090	Continued From page 6 During the environmental walk-through on December 6, 2007 beginning at 2:46 PM the following observations were made: 1. The wall inside of the closet located in Client #1's bedroom was soiled and also observed with black marks. 2. The clothes rack inside of the closet located in Client #4's and Client #5's bedroom had began to bend due to the amount of clothes hanging on it. Additionally, the side of their bedroom door was beginning to fall apart.	I 090			
I 161	3507.2 POLICIES AND PROCEDURES The manual shall be approved by the governing body of the GHMRP and shall be reviewed at least annually. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide evidence that the governing body approved and reviewed its policies and procedures annually. The finding includes: Interview with the Services Coordinator and review of the policy and procedures manual on December 6, 2007 failed to provide evidence that the manual had been reviewed and approved by the governing body as required.	I 161	3507.2 The policy procedures have been reviewed by the governing body. The Director of Operations will ensure that evidence of the review is placed in all copies of the policy and procedures	12/20/07	
I 203	3509.3 PERSONNEL POLICIES Each supervisor shall discuss the contents of job	I 203			

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I 203	Continued From page 7 descriptions with each employee at the beginning employment and at least annually thereafter. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide evidence that the supervisor discussed the contents of job descriptions with each employee at the beginning of their employment and annually thereafter. The finding includes: Review of the GHMRP's personnel files on December 6, 2007, revealed the GHMRP failed to provide evidence that three direct care staff had the contents of their job descriptions discussed with them at the beginning of their employment and/or annually thereafter.	I 203	3509.3 Job descriptions have been completed and signed by the 3 direct staff who had not had current job descriptions in their file. A monthly monitoring tool has been put in place to ensure that job descriptions are current	1/1/08	
I 206	3509.6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician's certification that a health inventory has been performed and that the employee's health status would allow him or her to perform the required duties. This Statute is not met as evidenced by: Based on record review, the GHMRP failed to ensure that each employee, prior to employment and annually thereafter, provided evidence of a physician's certification that documented a health inventory had been performed and that the employee's health status would allow him or her to perform the required duties.	I 206	3509.6 The one direct care staff that was missing their health certificate has completed it. A monthly monitoring has been in place to ensure health certificates are kept current.	1/1/08	

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I 206	Continued From page 8 The finding includes: Review of the GHMRP's personnel files on December 6, 2007 revealed the GHMRP failed to provide evidence that current health certificates were on file for one direct care staff.	I 206			
I 229	3510.5(f) STAFF TRAINING Each training program shall include, but not be limited to, the following: (f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies; This Statute is not met as evidenced by: Based on interview, and record review, the GHMRP failed to ensure staff were effectively trained on each resident's dietary plan for two of the three residents included in the sample. (Residents #1 and #2) The finding includes: Interview with the direct care staff on December 6, 2007 revealed that the staff was not familiar with each of the resident's modified diets. Review of the training records on December 6, 2007 revealed a nutritional training was conducted on October 14, 2007, however, there was no documented evidence that the resident's modified diets were included in the training.	I 229	3510.5(f) Staff was trained on 12/13/07 by the nutritionist on the resident's diets in the home. In the future the nutritionist will train staff at least annually or when the diet needs of the residents change	12/13/07	
I 379	3519.10 EMERGENCIES	I 379			

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1379	<p>Continued From page 9</p> <p>In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident's health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure the Department of Health, Health Facilities Division was immediately, followed by written notification within 24 hours, notified of unusual incidents that substantially interfered with a resident's health, for one of the five residents that resided in the facility. (Resident #5)</p> <p>The finding includes:</p> <p>Review of incident reports on December 5, 2007 beginning at 8:30 AM revealed the following (allegation of neglect) was not reported as required:</p> <p>On August 23, 2007, the Incident Management and Investigations Unit (IMEU) received an incident report dated April 19, 2007 from a (Department of Disability Services) DDS/IMEU investigator staff reporting that Resident #5 was observed to be left at the "H8 bus stop at the Brookland Metro Station."</p> <p>Interview with the Services Coordinator on December 6, 2007 revealed that she was not</p>	1379	<p>3519.10</p> <p>Azure LLC was not aware of the incident for resident until July 12, 2007. Azure LLC just received the incident report on 1.2.08 for resident # 5 and it has been faxed to Department of Health. The Department of Health has been verbally notified of the incident. In the future when unusual incident occurs the Department of Health will be notified according to the regulations.</p>	1/1/08	

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I 379	Continued From page 10 employed at the time of the aforementioned allegation. An interview with the CEO on the aforementioned date revealed the facility had no knowledge of the incident (allegation of neglect) and did not receive a copy of the investigation until the latter part of June 2007. At the time of the survey, the GHMRP failed to provide evidence that the Department of Health (DOH) was notified once they received the notification of the allegation of neglect for Resident #6.	I 379			
I 412	3520.13 PROFESSIONAL SERVICES: GENERAL PROVISIONS If a resident evidences the need for a professional service for which arrangements do not exist, the GHMRP shall have fourteen (14) days to show evidence of arrangements for provision of the professional service, except that in life threatening situations, arrangements must be made immediately. This Statute is not met as evidenced by: Based on staff interview and record review, the Group Home for Mentally Retarded Persons (GHMRP) failed to ensure the provision of nutritional services for (Residents #1 and #2) The finding includes: An interview was conducted with the facility's Services Coordinator on December 6, 2007 to ascertain if Residents #1 and #2 had received nutritional services. Although further interview with the Services Coordinator revealed that a nutritionist had assessed Residents #1 and #2, she was no longer an employee with the company. According to the Services Coordinator a new nutritionist had been hired, however, at the time of the survey, there was no documented	I 412	3520.13 A new nutritionist was hired on 12/7/07. In the future arrangements will be made for consultants immediately or within 14 days based on the needs of the residents	12/7/07	

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1412	Continued From page 11 evidence that an arrangement had been made for the aforementioned professional service.	1412			
1436	<p>3521.7(f) HABILITATION AND TRAINING</p> <p>The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas:</p> <p>(f) Health care (including skills related to nutrition, use and self-administration of medication, first aid, care and use of prosthetic and orthotic devices, preventive health care, and safety);</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure the habilitation and training of its residents in the area of self-medication administration.</p> <p>The finding includes:</p> <p>Observation of the evening medication administration on December 6, 2007 at 5:46 PM revealed Resident #1 received medications. The resident was observed to bring a glass of water downstairs independently to the nurse's station. The nurse was observed to remove the resident's medication from the bubble pack and hand the medications to the resident. Resident #1 was then asked what the name of his medication was. The resident did not respond, but just looked at the medication. The nurse said the name of the medication and the resident repeated it. At the time of the survey, there was no documented evidence that self-medication training was included in Resident #1's Individual Habilitation Plan (IHP).</p>	1436	<p>3521.7</p> <p>(f) IPP's have been revised for resident#1 to include a program for self-medication. In the future all areas of possible training will be reviewed and included in the residents ISP.</p>	1/1/08	

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I 442	<p>3521.7(I) HABILITATION AND TRAINING</p> <p>The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas:</p> <p>(I) Time management (including use of leisure time, scheduling activities);</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the facility failed to ensure the clients' right to be taught to manage their financial affairs to the extent of their capabilities for two of the three clients in the sample. (Residents #1 and #2)</p> <p>The findings include:</p> <p>Interview with the Services Coordinator on December 6, 2007 at approximately 1:45 PM revealed that Resident #1 and #2 had not received a comprehensive money management assessment that outlined his current skills and specific needs in this area. Review of the records on the aforementioned date revealed Residents #1 and #2 had Individual Support Plans (ISP) dated March 22, 2007 and February 5, 2007 respectively. Further review of the section of the ISP entitled "Decision Making revealed that the clients did not show capacity regarding finances. At the time of the survey, there was no documented evidence that Residents #1 and #2 was taught to manage their finances to the extent of their capability.</p>	I 442	<p>3521.7</p> <p>(I) IPP's have been revised for residents #1 and residents #2 to include programs to address the financial need of the residents. In the future all areas of possible training will be reviewed and included in the residents ISP</p>	1/1/08	
I 444	<p>3521.7(n) HABILITATION AND TRAINING</p> <p>The habilitation and training of residents by the GHMRP shall include, when appropriate, but not</p>	I 444			

Health Regulation Administration
STATE FORM

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If continuation sheet 13 of 14

PRINTED: 12/20/2007
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0054	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/06/2007
NAME OF PROVIDER OR SUPPLIER AZURE			STREET ADDRESS, CITY, STATE, ZIP CODE 1490 BANGOR ST, SE WASHINGTON, DC 20020		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
I 444	<p>Continued From page 13</p> <p>be limited to, the following areas:</p> <p>(n) Academic and pre-academic skills (including development of attention span, discrimination, association, memory, and number, time, and spatial concepts);</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure habilitation and training of its residents in the area of academic and pre-academic skills.</p> <p>The finding includes:</p> <p>Interview with the Services Coordinator and record review of Resident #1's record on December 6, 2007 revealed an Individual Support (ISP) dated March 20, 2007. Further review of the ISP revealed a section entitled "How I Communicate." In this section it was indicated that the resident was able to spell several words (e.g. Stop, Men and Girl) from memory. At the time of the survey, the GHMRP failed to include academic and preacademic skills to increase the residents communication skills.</p>	I 444	<p>3531.7</p> <p>(n) IPP's have been revised for resident #1 to include a program addressing academic needs. In the future all areas of possible training will be reviewed and included in the residents ISP</p>	1/1/08	